

TO: CARLOS E. MOORE, ESQ.
MOORE LAW GROUP, P.C.
P.O. BOX 1487
GRENADA, MS 38902
662.227.9940 - Phone
662.227.9941 - Fax
www.carlosmoorelaw.com

FROM: Roger A. Mitchell, Jr. MD
Board Certified Forensic Pathologist
RAM Consulting LLC

RE: Michael McDougale

DATE: July 6, 2016

General Review of Case

At the request of Moore Law Group, P.C. this forensic pathologist was requested to review the death case of **Michael McDougale**.

The files reviewed included the Affidavit of David Spivey, the Second Amended Complaint Filed, Multiple Incident and Crime Narrative Reports from the Philadelphia Police Department, Multiple Incident Reports from the Neshoba County Jail, the Arrest and Booking Reports from Neshoba County Sheriff's Office, Multiple Death Scene and Autopsy Photographs, the Autopsy Report, the Toxicology Report, and the Death Certificate.

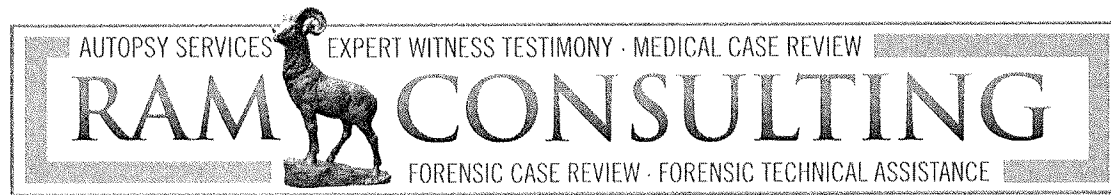
Specific Case Review

Death of Michael McDougale

Brief History: The decedent was a 29 year old male who was in altercation with law enforcement while being apprehended prior to being transported to the local county jail where he died from blunt force head injury.

Date of Death: November 2, 2014





Summary:

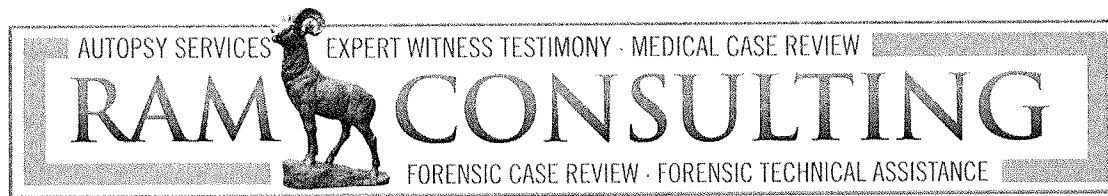
The decedent was a 29 year old man who first came into contact with law enforcement in the doorway of a residence while being held down by an adult male. The decedent is observed to be visibly intoxicated. An altercation between the decedent, adult male, and law enforcement officer is described as a scuffle in attempt to handcuff the decedent. In attempt to detain the decedent the officer discharged a conducted energy device (taser device) at the decedent's torso. During the apprehension, the decedent and law enforcement are described as struggling from the porch to off the porch onto the ground nearby.

According to reports the decedent was then transported to the local county jail where he was observed to have an altered mental status by both jail personnel and emergency medical service (EMS) personnel. He was booked at approximately at 10:00 pm on November 1, 2014. A witness reports the decedent also being struck by a conducted energy device barbs while booked in jail. Additional reports describe EMS personnel as declining the need to elevate the level of care to the next level including emergency transport to the emergency department. He was last seen alive at approximately 1:15 am on November 2, 2014. The decedent is found unresponsive, cold to the touch, and dead on the morning of November 2, 2014 at approximately 7:20 am.

Autopsy Findings:

- I. Blunt Force Injury of the Head
 - a. Abrasion of the forehead
 - b. Subgaleal hematoma, right side of the head
 - i. Hemorrhage involving the right temporalis muscle, moderate to marked.
 - c. Subdural Hemorrhage, left cerebral hemisphere, moderate
- II. Recent Methamphetamine Use
 - a. Subclavian Blood – 86 ng/ml
 - b. Presence of Amphetamine
 - i. Subclavian Blood – 20 ng/ml
- III. Recent Marijuana Use
- IV. Presence of Benzoylecgonine (*metabolite of cocaine*)
 - a. Absence of parent cocaine
- V. No evidence of natural disease





Opinion:

Blunt force injury of the head is generally due to the head coming into contact with a blunt object or a solid surface. Michael McDougle sustained blunt force injury of the head resulting in abrasions, contusions, and brain hemorrhage.


Based upon the review of the records, reports and associated photographs the decedent died as a result of his injuries. There is no evidence that this injury was sustained outside of the altercation(s) and apprehension by law enforcement. In addition, the presence of acute levels methamphetamine and amphetamine are secondary and may have contributed to death but did not cause the head injury that is the proximate/underlying cause. Furthermore, the presence of marijuana and cocaine metabolites should not be considered contributory.

It is important to note that throughout the narrative the decedent is displaying considerable mental status changes that render the patient unable to clearly communicate as well as unable to walk. There are points in the narrative that suggest the patient is minimally responsive. It is my opinion that the patient would have benefited significantly from being treated with a higher level of care; care that a patient would receive at a hospital emergency department. A patient suffering from the intoxicating effects of methamphetamine, amphetamine, and/or cocaine should be immediately transported to the hospital for supportive care and detoxification. Nonetheless, but for the head injury, Michael McDougle would not have sustained sudden death.

Therefore, the death is best classified as:

Cause of Death:	Blunt Force Injury of Head with Subdural Hemorrhage
Contributing Cause:	Methamphetamine and Amphetamine Toxicity
Manner of Death:	Homicide

The above opinions are expressed to a reasonable degree of medical certainty.


 Roger A. Mitchell, Jr. MD

July 6, 2016

DATE

